Does my Patient Need a Fecal Immunochemical Test (FIT)?

Does your patient have…

Symptoms of:
- Anemia
- Rectal Bleeding
- Abdominal Pain
- Changed Bowel Habits

FIT is not recommended.
Refer for consideration of endoscopic evaluation after initial investigations.

Inflammatory Bowel Disease:
- Crohn's
- Ulcerative Colitis

FIT is not recommended.
Refer for **colonoscopy.**

Previous polyp in colon or rectum?

FIT is not recommended.
Refer to endoscopist or program to determine appropriate interval for next **colonoscopy.**

Family history of colorectal cancer in:
- Brother or Sister
- Child
- Parent

More than one first degree relative is affected.

A first degree relative was 60 or younger when diagnosed.

FIT is not recommended.
Refer for **colonoscopy** at age 40, or 10 years prior to index case, whichever is first.

A first degree relative affected, who was older than 60 when diagnosed.

Screen with FIT every 1-2 years starting at age 40.
Refer for colonoscopy if result is positive.

If NO to all of the above...

Did the patient have a normal…
- FIT within 1 year
- Colonoscopy within 10 years
- Flexible Sigmoidoscopy or Virtual Colonoscopy within 5 years

FIT is not recommended.
Patient is up to date with colorectal cancer screening.

No previous screening
Patient has never been screened for colorectal cancer, or screening interval has elapsed.

How old is the patient?

younger than 40 / older than 84 → FIT will be rejected at the lab (starting first quarter of 2015).
Screening is not recommended for these age groups.

between 40-49 / between 75-84 → FIT is generally not recommended.
Individually assess risk and quality of life. Harm can outweigh benefit; use clinical judgment.

between 50-74 → **Screen with FIT every 1-2 years.**
If FIT is positive or if family history changes, refer to colonoscopy.